

Missouri Specific Information

This document contains information specific to the State of Missouri. Please refer to the Provider Reference Guide for general information regarding plan administration.

Table of Contents

1.1 Notice of Updates.....2

1.2 Covered Benefits – Healthy Blue (Medicaid).....3

1.3 Covered Benefits – UnitedHealthcare Community Plan - Ages 20 and Under (Medicaid)5

1.4 Covered Benefits – UnitedHealthcare Community Plan - Ages 21 and Older (Medicaid)6

1.5 Covered Benefits – UnitedHealthcare Community Plan - Pregnant Ages 21 and Older (Medicaid).....7

1.1 Notice of Updates

Notice of updates published October 28, 2025.

- Added Vision Therapy for UnitedHealthcare Community Plan.

1.2 Covered Benefits – Healthy Blue (Medicaid)

Benefit Plan(s): HB-MO-M20, HB-MO-M21, HB-MO-MPG

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every 2 years ages 21 and older. 1 service date every year ages 20 and under or pregnant ages 21 and older.
Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met. A replacement exam is necessary to determine a vision change AND criteria for replacement frame and lenses are met.
Frame	<ul style="list-style-type: none"> 1 unit every 2 years ages 21 and older. 1 unit every year ages 20 and under or pregnant age 21 and older. Frame must be selected from the March frame kit.
Frame Replacement	<ul style="list-style-type: none"> Fully covered ages 20 and under due to loss or damage. Frames that are deliberately destroyed, abused or discarded by members will not be replaced. To identify replacement frames, please bill with modifier RA.
Deluxe Frame	<ul style="list-style-type: none"> 10% discount, 1 unit \$10 allowance every 2 years ages 21 and older. 10% discount, 1 unit \$10 allowance every year ages 20 and under or pregnant age 21 and older. Members may waive the standard frame selection and opt for any frame shown at the provider's location. Members then receive the "Ten plus Ten" frame benefit. The member receives a courtesy 10% discount on the retail price and March provides a ten dollar (\$10.00) frame allowance. The member pays the reduced fee directly to the provider. The provider bills March for the deluxe frame using the code V2025.
Deluxe Frame Replacement	<ul style="list-style-type: none"> 10% discount, \$10 allowance ages 20 and under due to loss or damage. Frames that are deliberately destroyed, abused or discarded by members will not be replaced. To identify replacement frames, please bill with modifier RA.
Lens	<ul style="list-style-type: none"> 2 units every 2 years ages 21 and older. 2 units every year ages 20 and under or pregnant ages 21 and older. Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information. Prescription must be at least 0.75 diopters for one eye or .075 diopters for each eye. Prescription for lens/lenses less than 0.75 may be covered if member under age 21 requires glasses for a school performance, if a member's visual acuity is 20/40 or less, or if member has sight in one eye and therefore needs protective eyewear. Photochromatic tinting and rose I and II are covered if medically necessary. Progressive lenses are covered if the member currently wears progressive lenses and there is a diopter change of 0.50 in one or both eyes. Anti-reflective coating is covered if the member has a history of cataract surgery. 2 units every 2 years.
Lens Replacement	<ul style="list-style-type: none"> Fully covered for members ages 20 and under due to loss or damage. Fully covered for members ages 21 and over if there is a prescription change of at least 0.50 diopters for one eye or 0.50 diopters for each eye. If there is a 0.50 diopter change in one eye, March will only replace the lens for the eye with the 0.50 diopter change, not both eyes. Lenses must be inserted into existing frame. To identify replacement lenses, please bill with modifier RA.
Necessary Contact Lenses	<ul style="list-style-type: none"> Fully covered ages 20 and under when the diagnosis is anisometropia of 4.00 diopters or greater in one eye, keratoconus or aphakia. The applicable diagnosis must be listed on the claim and noted in the member's chart. Contact lenses must be supplied by the provider.

Benefit	Benefit Limitations/Criteria
Polycarbonate Lens	<ul style="list-style-type: none"> ▪ 2 units every 2 years ages 21 and older. ▪ 2 units every year ages 20 and under or pregnant ages 21 and older. ▪ Polycarbonate lenses are covered for the following. <ul style="list-style-type: none"> ▪ Ages 20 and under and necessary for school. ▪ Protective eyewear for monocular participant. ▪ Member has a seizure disorder or other medical condition which warrants the need for special lens. ▪ Member has a high prescription at or over +3.00 or -4.00 diopters.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Medical or surgical eye care.

1.3 Covered Benefits – UnitedHealthcare Community Plan – Ages 20 and Under (Medicaid)

Benefit Plan(s): UDMOM-20

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every year.
Necessary Medical Services	<ul style="list-style-type: none"> Medical services covered when medically necessary and performed by an optometrist with the scope of licensure. Individual medical policies can be found at the following link: Provider Reference Guide (marchvisioncare.com).
Vision Therapy	<ul style="list-style-type: none"> Vision therapy is covered when medically necessary at a maximum of 20 visits every calendar year. Please see link for medical necessity criteria: Provider Reference Guide (www.marchvisioncare.com).
Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met. A replacement exam is necessary to determine a vision change AND criteria for replacement frame and lenses are met.
Frame	<ul style="list-style-type: none"> 1 unit every 2 years. Frame must be selected from the March frame kit.
Frame Replacement	<p>Fully covered due to loss or damage.</p> <ul style="list-style-type: none"> Frames that are deliberately destroyed, abused or discarded by members will not be replaced. To identify replacement frames, please bill with modifier RA.
Lens	<ul style="list-style-type: none"> 2 units every 2 years. Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information. Prescription must be at least 0.75 diopters for one eye or .075 diopters for each eye. Prescription for lens/lenses less than 0.75 may be covered if member under age 21 requires glasses for a school performance, if a member's visual acuity is 20/40 or less, or if member has sight in one eye and therefore needs protective eyewear. Photochromatic tinting and rose I and II are covered if medically necessary. Please see link for medical necessity criteria: Provider Reference Guide (marchvisioncare.com). Progressive lenses are covered if the member currently wears progressive lenses and there is a diopter change of 0.50 in one or both eyes. Anti-reflective coating is covered if the member has a history of cataract surgery.
Lens Replacement	<ul style="list-style-type: none"> Fully covered due to loss, damage or if there is a prescription change of at least 0.50 diopters for one eye or 0.50 diopters for each eye. If there is a 0.50 diopter change in one eye, March will only replace the lens for the eye with the 0.50 diopter change, not both eyes. Lenses must be inserted into existing frame. To identify replacement lenses, please bill with modifier RA.
Necessary Contact Lenses	<ul style="list-style-type: none"> Fully covered when the diagnosis is anisometropia of 4.00 diopters or greater in one eye, keratoconus or aphakia. The applicable diagnosis must be listed on the claim and noted in the member's chart. Contact lenses must be supplied by the provider.
Polycarbonate Lens	<ul style="list-style-type: none"> 2 units every 2 years when the following criteria is met. <ul style="list-style-type: none"> Necessary for school. Protective eyewear for monocular participant. Member has a seizure disorder or other medical condition which warrants the need for special lens. Materials policies can be found at: Provider Reference Guide (marchvisioncare.com). Member has a high prescription at or over +3.00 or -4.00 diopters. The applicable diagnosis must be documented in the member's chart and must include one or more correlating diagnosis codes on the claim.

Benefit	Benefit Limitations/Criteria
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.

1.4 Covered Benefits – UnitedHealthcare Community Plan – 21 and Older (Medicaid)

Benefit Plan(s): UDMOM-21

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every 2 years.
Necessary Medical Services	<ul style="list-style-type: none"> Medical services covered when medically necessary and performed by an optometrist with the scope of licensure. Individual medical policies can be found at the following link: Provider Reference Guide (marchvisioncare.com).
Vision Therapy	<ul style="list-style-type: none"> Vision therapy is covered when medically necessary at a maximum of 20 visits every calendar year. Please see link for medical necessity criteria: Provider Reference Guide (www.marchvisioncare.com).
Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement lenses are met. A replacement exam is necessary to determine a vision change AND criteria for lenses are met.
Frame	<ul style="list-style-type: none"> 1 unit every 2 years. Frame must be selected from the March frame kit.
Lens	<ul style="list-style-type: none"> 2 units every 2 years. Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information. Prescription must be at least 0.75 diopters for one eye or .075 diopters for each eye. Prescription for lens/lenses less than 0.75 may be covered if a member's visual acuity is 20/40 or less or if member has sight in one eye and therefore needs protective eyewear. Photochromatic tinting and rose I and II are covered if medically necessary. Please see link for medical necessity criteria: Provider Reference Guide (marchvisioncare.com). Progressive lenses are covered if the member currently wears progressive lenses and there is a diopter change of 0.50 in one or both eyes. Anti-reflective coating is covered if the member has a history of cataract surgery.
Lens Replacement	<ul style="list-style-type: none"> Fully covered if there is a prescription change of at least 0.50 diopters for one eye or 0.50 diopters for each eye. If there is a 0.50 diopter change in one eye, March will only replace the lens for the eye with the 0.50 diopter change, not both eyes. Lenses must be inserted into existing frame. To identify replacement lenses, please bill with modifier RA.
Polycarbonate Lens	<ul style="list-style-type: none"> 2 units every 2 years when the following criteria is met. <ul style="list-style-type: none"> Protective eyewear for monocular participant. Member has a seizure disorder or other medical condition which warrants the need for special lens. Materials policies can be found at: Provider Reference Guide (marchvisioncare.com). Member has a high prescription at or over +3.00 or -4.00 diopters. Anti-reflective coating is covered if the member has a history of cataract surgery. The applicable diagnosis must be documented in the member's chart and must include one or more correlating diagnosis codes on the claim.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.

1.5 Covered Benefits – UnitedHealthcare Community Plan – Pregnant 21 and Older (Medicaid)

Benefit Plan(s): UDMOM-PR

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every year.
Necessary Medical Services	<ul style="list-style-type: none"> Medical services covered when medically necessary and performed by an optometrist with the scope of licensure. Individual medical policies can be found at the following link: Provider Reference Guide (marchvisioncare.com).
Vision Therapy	<ul style="list-style-type: none"> Vision therapy is covered when medically necessary at a maximum of 20 visits every calendar year. Please see link for medical necessity criteria: Provider Reference Guide (www.marchvisioncare.com).
Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement lenses are met. A replacement exam is necessary to determine a vision change AND criteria for lenses are met.
Frame	<ul style="list-style-type: none"> 1 unit every 2 years. Frame must be selected from the March frame kit.
Lens	<ul style="list-style-type: none"> 2 units every 2 years. Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information. Prescription must be at least 0.75 diopters for one eye or .075 diopters for each eye. Prescription for lens/lenses less than 0.75 may be covered if a member's visual acuity is 20/40 or less or if member has sight in one eye and therefore needs protective eyewear. Photochromatic tinting and rose I and II are covered if medically necessary. Please see link for medical necessity criteria: Provider Reference Guide (marchvisioncare.com). Progressive lenses are covered if the member currently wears progressive lenses and there is a diopter change of 0.50 in one or both eyes. Anti-reflective coating is covered if the member has a history of cataract surgery.
Lens Replacement	<ul style="list-style-type: none"> Fully covered if there is a prescription change of at least 0.50 diopters for one eye or 0.50 diopters for each eye. If there is a 0.50 diopter change in one eye, March will only replace the lens for the eye with the 0.50 diopter change, not both eyes. Lenses must be inserted into existing frame. To identify replacement lenses, please bill with modifier RA.
Polycarbonate Lens	<ul style="list-style-type: none"> 2 units every 2 years when the following criteria is met. <ul style="list-style-type: none"> Protective eyewear for monocular participant. Member has a seizure disorder or other medical condition which warrants the need for special lens. Materials policies can be found at: Provider Reference Guide (marchvisioncare.com). Member has a high prescription at or over +3.00 or -4.00 diopters. The applicable diagnosis must be documented in the member's chart and must include one or more correlating diagnosis codes on the claim.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.